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Christian Bioethical Approaches to Gender Reassignment Surgery: Understanding Opposition and Retrieving the Body-Soul Complex

Stephanie Roy

A Case for Religious Bioethics

Over the past century, the world has witnessed a boom in medical and technological innovation, completely transforming the face of healthcare and spurring the growth of bioethics as both a religious and secular discipline. Human beings now have the ability to change and manipulate their bodily forms and biological processes with relative ease and little regulation. Life can be created in laboratories and extended almost indefinitely with the help of machines and artificial life support. Powers that were once ascribed only to the divine now rest in the hands of nurses and physicians around the globe. With this great power comes great responsibility, and the field of bioethics has developed to help us wield and temper such power as we endeavor to discern between right and wrong actions and behaviors moving forward.

Elliot Dorff, a rabbi, theologian, bioethicist, and professor of law at UCLA, has pointed out that when people do not possess the technology to do something, they do not question whether they should or should not do it. Now that we can create, alter, prolong, and end life at will, it is vital that we stop and think about when, why, and how we go about doing so. Many bioethicists, including those from irreligious or agnostic camps, rely on principlism, a rationally based ethical system that balances the principles of autonomy, beneficence, nonmaleficence, and justice to arrive at normative judgments based on common morality. Religious bioethicists, however, especially those hailing from the Abrahamic faith traditions, utilize a variety of different and unique ethical frameworks to derive conclusions about which practices and procedures constitute good and moral medical treatment.

Many theological scholars argue that religious bioethical voices need to be part of the larger public dialogue on medicine and biotech, because they assign a sense of meaning and value to the human life and body that a purely secular approach is incapable of providing.¹ Looking at the issue of gender reassignment surgery (GRS, also known as sex-change operations), for example, we see that when employing the principlism model the conversation boils down to autonomy of the patient and a balancing act between maleficence and beneficence. The individual suffering from gender dysphoria desires an operation that destroys or damages healthy sexual organs and body parts, so as to correct a medical condition and restore psychological health to the mind.² GRS, as a treatment, enables a patient to live what they

¹ See Elliot N. Dorff, *Matters of Life and Death: A Jewish Approach to Modern Medical Ethics* (Philadelphia: The Jewish Publication Society, 1998); Warren Reich and Roberto dell'Oro, "A New Era for Bioethics: The Search for Meaning in Moral Existence," in *Religion & Medical Ethics: Looking Back, Looking Forward*, ed. Allen Verhey (William B. Eerdmans, 1996); Heather Widdows, "Christian Approaches to Bioethics," in *Principles of Health Care Ethics, Second Edition*, eds. R.E. Ashcroft, A. Dawson, H. Draper, and J.R. McMillan (John Wiley & Sons, LTD., 2007).

² A person suffering from gender dysphoria feels that the gender they experience and identify with inwardly does not match the gender they were assigned at birth based on their biological sex and physical anatomy. The feeling of

believe to be their best life, without any attempt to ground gender and human sexuality in the transcendent.³

Conversely, religious voices add a new constellation of considerations in regard to the purpose, sanctity, and meaning of anatomy and physiology, not to mention the social roles that gendered persons play in community formation and child-rearing. In Christian ethical frameworks, the body, in its natural state, is imbued with dignity and worth, sex and gender take on cosmological significance, and identity is viewed as integrated and whole, present in the immanent but rooted in the eternal. Such notions implore us to give pause as we consider how eager patients should be to shed their skins when there is still so much that can be learned about loving and appreciating the composite self – body, mind, *and* spirit – as it was initially created at birth.

Rather than arbitrating the legitimacy of gender dysphoria as a medical condition justifying GRS, the validity of the transgender experience of self and life, or the morality of procuring or performing GRS, this essay seeks to explore Christian perspectives on the medical procedure. There are numerous theological angles from which Christians engage this ethical quandary, and individual techniques partially depend upon the sources of authority looked to for guidance within faith traditions. Justification and opposition are based upon complex and comprehensive systems of belief and spirituality that situate embodiment, human sexuality, and gender in an interdependent web of meaning. Interpretation of scripture and doctrine, as well as methodological approach and application of ethical principles vary greatly between and amongst Christian denominations, groups, and even individuals within singular congregations and families. For this reason, I am taking a pluralistic approach to the question of GRS, placing several authors in conversation with each other to glean new insights and demonstrate what religious voices might contribute to a larger, public discussion of sex-change procedures and the value of the human body.

Although many adherents of the Christian faith determine GRS to be immoral, the ethical pathways they traverse to arrive at such opinions are pregnant with meaning and potential for larger bioethical conversations around embodiment, human nature, and identity. Such insights may prove beneficial to transgender individuals seeking to understand who and why they exist as they do, as well as to medical professionals endeavoring to administer holistic care to gender variant patients.

In the following pages, I will investigate a small selection of methodologies employed by Christian ethicists when assessing bioethical concerns and the human ability to appropriate knowledge of the objective good. I will then illustrate how the diversity in these approaches has led to numerous theological positions on gender and sexuality, and the implications that such positions hold for Christian perspectives on transgenderism and gender reassignment surgery. In doing so, I will demonstrate how religious bioethics can serve as a resource for improving the care and treatment of transgender individuals, by providing a thicker understanding of embodiment and gendered (or non-gendered) existence that is largely absent from a more principled, secular bioethical approach.

incongruity, or being trapped in the wrong body, can vary in intensity and longevity, with severe cases causing anxiety, depression, and suicide.

³ They/their will be used as a singular pronouns for transsexual, transgender, gender-nonconforming individuals, rather than he/him/his or she/her/hers.

Christian Methodological Approaches

In her discussion of Christian approaches to bioethics, Heather Widdows points out the polyvocal nature of Christianity and the plurality of moral codes and principles that we run into when trying to lump all Christian ethics together.⁴ Is salvation achieved through justification or sanctification? Is the Bible the literal and inerrant Word of God or is it divinely-inspired but man-made and susceptible to interpretive error? What does the command “Love thy neighbor” actually require of us in this life? Even when divine commandments are clearly stated in scripture, such as “Thou shalt not kill,” we find Christians divided on taking pacifist vs. pro-military stances during times of war, and arguing across the fence on embryonic stem cell research.

If we narrow our focus to a singular denomination, such as Roman Catholicism, we still discover varying interpretations of faith and ethical nuances that alter individual positions on specific medical procedures such as abortion and euthanasia. This diversity amongst and within traditions is in part due to the multitude of sources that Christians look to for moral guidance, which include but are not limited to scripture, writings of the Church Fathers, conference rulings, papal documents, clerical leadership, and even the individual conscience. Contemporary Christians also rely heavily upon personal experience and relationships with the world and each other when deciding how to apply their beliefs to moral decision-making. They may identify as Christians religiously but also have strong affiliations to political parties and secular ideologies that affect the way they vote on and judge bioethical concerns from within their moral frameworks.

Amongst such diversity within the field of Christian ethics, and by extension Christian bioethics, there are still some common themes or points of convergence that mark a Christian approach to ethical considerations. Religious bioethicists, in general, operate from a confessional stance, and Christian bioethicists adhere firmly to belief in a spiritual aspect of existence that defines human life as sacred and intrinsically valuable.⁵ This is not to say that Christian bioethicists won’t debate what constitutes a *life*, but they will at least share a common reverence toward the sanctity of life as they understand it, and they will root their ethical decisions regarding life in that commitment. As ontological realists, Christians also share a belief in the existence of objective good, even if they disagree over whether that good is revealed through nature (naturalists) or solely through the explicit revelation of God in scripture. Because good is real, right and wrong are equally real and ethical choices matter in this life and the next. There is such thing as a “good life,” and there is also a “good death,” and Christian bioethicists are committed to pursuing and promoting both regardless of how they differ in defining them.

Christian ethicists further vary in their beliefs about whether moral truth is accessible to non-Christians, and whether or not Christian bioethics can and should be coopted and utilized by the bio-medical field at large. Protestants who subscribe to divine command theory, such as Karl Barth for example, believe that human reason is corrupt as a result of the Fall and thus incapable of identifying the good and providing moral guidance to mankind. Because of this, humanity must rely on a deontological ethic that looks to divine revelation in scripture, as it is laid out in the Christian Bible, to identify God-given rules that should be obeyed to uphold morality. The majority of these rules are based on Christ, who has the power to save all of mankind including the non-Christians who do not recognize him as their hope and salvation. With this line of

⁴ Widdows, “Christian Approaches to Bioethics,” 100.

⁵ Ibid., 100.

reasoning, non-believers and the secular world have no means of determining right behavior from wrong, and Christian bioethics becomes a necessity for moral decision-making in biomedicine. Individuals needn't understand the *why* of the rules, they need only follow them.

H. Tristram Engelhardt, an Eastern Orthodox Christian, would second the notion that Christian ethicists are the only ones who can correctly adjudicate bioethical dilemmas. Vehemently opposed the amalgamation of Christian and non-Christian bioethics, he argues that a Christian approach is not and should not be compatible with conventional bioethics, lest it give up the particularity, integrity, and exclusivity that make it Christian to begin with. Any attempt to remove bioethical issues and worldviews from the content-rich theological context that they are situated in results a negation of the actual Christian approach to bioethics. Likewise, any attempt to water down the theology of Christianity by excluding the doctrines of Creation, the Fall, and Redemption would result in a general and universal bioethics that is no longer Christian in nature.

In Engelhardt's opinion, it is not Christianity's job to blend in or make itself more palatable to secular, pluralistic society. Rather, the mystery and exclusive nature of Christianity invites others to explore and be drawn into the faith. The language of holiness, the liturgical nature of Christian work and practices, and the spiritual insight that colors the Christian view of health care, reproduction, and death are all vital components of the Christian approach, but they can only be meaningful to those within the tradition. Non-Christians should be curious about these features of Christianity and seek initiation so that they too can benefit from the wealth of knowledge that would otherwise remain hidden or unintelligible to them. Once converted, they will gain and understand the noetic wisdom of the community, embracing the spiritual meaning, moral coherence, and objective good that has been revealed to Christians through direct encounter with the transcendent and passed down through the ages from the Fathers of the Church.⁶

Thus, for Engelhardt, living a moral life or making the correct bioethical choices is not simply a question of following procedural guidelines or applying a set of common morality principles to ethical scenarios; it is about living a life steeped in Christian worship and practice, where faith continuously works to shape and form moral character so that humans can be righteous and holy in all that they do and each decision they make. Looking at bioethical problems means viewing them through the lens of sin, salvation, redemption, and reconciliation. Christian knowledge of the transcendent and access to divine revelation uniquely prepares and qualifies them to tackle the big, complex bioethical questions. They alone have what it takes to move beyond the thin immanent frame of a cosmopolitan bioethics fixated on principlism, and the rest of the world is tasked with realizing this and making their way toward Christianity as converts.⁷

Ruth Groenhout, who writes from the Reformed Church perspective in bioethics, would agree that Christians have a unique responsibility to live out their faith and embody their moral insights through choices and interactions with others. In regard to the vocations that Christians take on in their secular surroundings, she writes that because "humans are created in the image of God... all humans have an inherent value, and part of that value is the role they are created to play in bringing the peace of God's kingdom to a broken world... [hence, Christians are called

⁶ H. Tristram Engelhardt, Jr., *The Foundations of Christian Bioethics* (Scrivener Publishing, 2000).

⁷ Engelhardt, *The Foundations of Christian Bioethics*.

to] become an agent of God's will in the world," through the jobs they are drawn to.⁸ This means that individuals working as medical providers and biotechnicians have the same potential and responsibility to do good in the world as priests and ministers. It also means that each individual is gifted with a degree of autonomy, with the freedom and responsibility to follow their hearts and their consciences.

Whereas Engelhardt champions an exclusivist epistemological view that prioritizes and necessitates divine revelation as a prerequisite for morality, Groenhout and the Reformed traditions believe in a "common grace" that enables non-Christians to enjoy and have some sense of God's generosity, goodness, and providence outside of the faith. James Gustafson, who is heavily influenced by Reformed thinking and is theocentric in his approach to moral reasoning, asserts that Christians and non-Christians share the same, coextensive moral world. He proposes that instead of possessing "a whole unique set of moral values and principles," Christian ethical approaches are simply enriched by the religious significance that they assign to moral striving and actions.⁹ He believes that ultimately, religious and non-religious people act morally as a result of relationships with each other that necessitate frameworks for doing right, and that both can determine goodness with or without faith as an interpretive and analytical lens.

This is not to say that Christianity is unimportant or that faith does not play a critical role in moral reasoning and soteriology for Reformed thinkers. The majority of Reformed bioethicists invoke at least five general themes or concepts when considering ethical principles and practices. These include Calling, Covenant, Worldview, sin, and a historical and social perspective based on Creation, the Fall, and Redemption. The Reformed notion of Calling or vocation eliminates the divide between the religious and secular worlds, making medical practice sacred and obliging Christians to do good in the present Kingdom (as opposed to merely focusing on a heavenly one to follow). Covenant, bringing to mind the relationship between humans and God based on faith, promise, love, and protection, serves as a reminder for the sense of responsibility that Christians should feel toward caring for others, and the relationships that they should form based on trust and commitment. Worldview, as conceptually expanded upon by Abraham Kuyper, allows that God sanctioned diversity in social structures and worldviews, resulting in a plurality of ethical systems, so that mankind would develop and flourish in multiple communities.¹⁰

The focus on an Augustinian understanding of sin demands ethical humility and a critical approach to balancing power, accountability, and authority; human beings, their sense of reason, their moral judgments, and the institutions that they create are subject to sin, and this must always be kept in mind when assessing the world and the human condition. The depraved state of reality is a result of the Fall, which alongside of Creation and Redemption forms a narrative through which Reformed Christians understand the world. Man was created good, meaning life is good and the natural processes and order that characterizes life are good. With the Fall came brokenness, not only of man but of the entire world which is now flawed. The Parousia (the second coming of Christ) will usher in the restorative Kingdom of God that redeems those who are to be saved, and "in the meantime Christians are called to work as partners with God in

⁸ Ruth Groenhout, "Reformed Perspectives in Bioethics," in *The Annals of Bioethics: Religious Perspectives in Bioethics*, eds. John F. Peppin, Mark J. Cherry, and Ana Iltis (London and New York: Taylor & Francis, 2004), 81.

⁹ JM Gustafson, *Can Ethics be Christian?* (Chicago: The University of Chicago Press, 1975); quoted in Widdows, "Christian Approaches to Bioethics," 102.

¹⁰ Groenhout, "Reformed Perspectives in Bioethics," 79-83.

supporting and developing God's Shalom, or peace through justice, by personal choices and social action."¹¹

Within the Reformed traditions, there is no central authority, and the emphases on worldview and personal autonomy lead to diverse and often contentious viewpoints on ethical issues. Position papers, Council and Synodical Reports, pastoral advice documents, scholarly reflections, and general commentaries on bioethical matters are available to offer guidance to constituencies, but individuals and churches are for the most part left on their own to develop policies on biomedical practices.¹² Sexuality and gender roles have increasingly become schismatic issues that denominations are likely to separate over moving into the future.¹³

In comparison, Roman Catholics have no shortage of normative sources that they look to for moral instruction and bioethical teachings. The highest level of moral authority rests with the Vatican, the governing body of the Catholic Church consisting of the Pope and the Roman Curia. Encyclicals, addresses, and decrees issued by the Pope or Vatican offices carry the utmost weight in Catholic bioethical discussion, and Pontifical Academies and Councils have been assembled to tackle specific issues like abortion and health care. Next in order of hierarchical authority are conferences of bishops, such as the National Conference of Catholic Bishops and the United States Conference of Catholic Bishops. These organizations often sponsor and establish bioethics research centers in order to educate the masses and influence public policy on bioethical issues. Last in line is the work of lay and religious theologians, whose research and scholarship is seen as authoritative only in so far as it is performed in service of the Church and has been approved of as valid by Catholic leadership.¹⁴

Together, the Pope and Bishops make up the magisterium, the teaching body of the Church. Catholic scholars, medical providers, scientists, and politicians all pay deference to the magisterium, even if they question its absolute authority or disagree with specific policies and rulings it lays out.¹⁵ The official Church position is that while the Bible contains revelation available to those who read it, and conscience and reason allow individuals to tap into objective truth through the world around them, the magisterium maintains the final say on correct interpretation and application of the Word of God. The Word is revealed and preserved in both scripture and sacred church tradition, and together these two sources serve as a unified Deposit of Faith that must inform all moral analysis. For this reason, all ethical arguments must be made in the context of tradition, in dialogue with pronouncements of the Church Fathers and Doctors, ecumenical councils and creeds, Catholic social teaching, and the *sensus fidelium* (the sense of the faithful, as an entire community embodying and moved by the Spirit). Spanning two millennia, this tradition is understood to be a living, constant transmission of doctrinal and spiritual truth and authority, handed down by the apostles to guide successive generations in faith, worship, and morality.

Catholicism's hierarchical structure of authority, combined with natural law theory, casuistic methodology, and doctrine of double effect, which have all become part of tradition,

¹¹ Ibid., 82.

¹² Ibid., 83.

¹³ Groenhout, "Reformed Perspectives in Bioethics," 88, 92-93.

¹⁴ Christopher Tollefsen and Joseph Boyle, "Roman Catholic Bioethics," in *The Annals of Bioethics: Religious Perspectives in Bioethics*, eds. John F. Peppin, Mark J. Cherry, and Ana Iltis (London and New York: Taylor & Francis, 2004), 3-4.

¹⁵ Ibid., 1.

have led to a robust body of literature on historical and contemporary issues in science and medicine. Natural law theory, as developed by Thomas Aquinas and Aristotle, is understood as God's plan for saving humanity. It posits a universal moral framework that underpins all of existence, visible in nature and the structure of the universe. Catholics believe that objective good and moral norms can be accessed through human reason, and that even non-Christians benefit from and interact with divine grace and truth through the created world. Building off of natural law theory, *Nostra Aetate*, a declaration from the Second Vatican Council, establishes that even non-Christian religions may contain a ray of truth, and that anyone who utilizes reason to live a moral life can be saved after death through Christ. These concepts lay a foundation for a broad public ethic that Catholics believe all can and should adhere to.

Compared to Engelhardt's exclusivist approach to bioethics that touts revelation as the essential, unique factor making Christian faith necessary for accurate moral judgment, the inclusivist Catholic approach paints Christian bioethics as something the secular world is participating in and impacted by whether they realize and accept it or not. Because of this and Catholic social teaching, which aims to protect and promote human dignity and the common good in society at large, the Catholic Church sees itself as having a responsibility and moral commitment to shaping and upholding the social and political organizations that help all human beings live good lives. Part of living a good life and ensuring salvation is avoiding mortal sin, and for this reason the Church has been especially vocal on bio-medical procedures involving murder, protection of the vulnerable, procreation, and sexuality.¹⁶

Casuistic reasoning, which also plays a large role in Catholic bioethical discourse, utilizes previously established moral absolutes, such as the rule against intentionally killing or harming innocent people, to derive subsequent positions on specific medical procedures like active euthanasia. New issues are scanned for morally important properties that can link them to previously addressed paradigm cases. When the root moral issue is identified, its corresponding imperative is applied to establish a normative judgment.¹⁷ From this casuistic approach, the doctrine of double effect was established, based off of Thomas Aquinas' proclamation that unintended harm or murder is acceptable as a side effect if the primary action and intent are good. Such is the case with self-defense or the treatment of an ectopic pregnancy.¹⁸ In order for an act to be morally permissible, it must meet the following four conditions: the nature of the principle act must be good or neutral, the bad effect cannot be the means to achieving the good effect, the good effect must be the primary intention with all negative effects being avoided to the extent possible, and the good effect must proportionally outweigh the bad effect.

Perspectives on Gender, Sexuality, and Gender Reassignment Surgery

In *The Foundations of Christian Bioethics*, H. Tristram Engelhardt couches his discussion of sex-change operations and sexual identity alterations in his belief that the primary goal of all human beings in this life should be to fix their hearts on God and live good Christian lives accordingly. In doing so, they will be able to employ medical and spiritual discernment when searching for answers on how to handle the bioethical issues and sexual ambiguities that now plague society as a result of the Fall. Pressing concerns include whether or not to allow

¹⁶ Ibid., 3.

¹⁷ Ibid., 4-5.

¹⁸ Ibid., 5.

phenotypically altered transgender individuals to participate in ordination or marriage, as well as whether or not to condone or facilitate gender reassignment surgery.

Engelhardt's answer to the first set of questions is that those who have intentionally mutilated their healthy bodies or made themselves sterile out of a desire to change their identity or manipulate their passions should be barred from both sacramental rites. Citing the Apostolic Canons, a collection of ancient ecclesiastical decrees that discuss the offices, duties, responsibilities, and conduct of bishops and clergy, he notes that the early Church rejected castration even when it was undergone to prevent sexual sin. He goes on to highlight the codification of this position, through the rulings of the 4th century Council of Nicea I and the 9th century First-and-Second Council in Constantinople. Documents from these councils outlawed castration for any reason other than medical necessity and banned those who sought or performed unnecessary castrations from serving as clergy. People who performed their own castrations were labeled "self-murderers," and those who castrated others were murderous barbarians.¹⁹

In response to the second set of questions, pertaining to GRS, Engelhardt reiterates that any and all medical procedures should only be performed if they are curative, restorative, or protective of the patient's health. Surgical interventions must always uphold the normative aspects of human identity and wellbeing as they are defined within the "traditional Christian context."²⁰ Normative identity and sexual health in this context are characterized by male/female sexual dimorphism, reproductive ability, and heterosexual genotypic complementarity in marriage. As a result, sex-change operations can only be permissible for intersex youth whose defective sexual identities stand to prevent them from full participation in the Church and goodness of created sexual order. There can be no third gender, altered gender, or gender fluidity in this framework because gender and sexuality are one in the same and cisgender heteronormativity is essential for spiritual participation in Christianity.

In Engelhardt's ethical worldview, the morality of a medical procedure will always be dependent upon its therapeutic intent and its ability to preserve or restore God's initial design for human kind. The physical integrity of the body is inextricably linked to the unique form and function of man and woman as they were created in the image of God (*imago Dei*). As a result of divine revelation in Genesis 1:27-28, which declares that God created humans as strictly male and female with the expressed instruction to be fruitful and multiply, Engelhardt believes humanity is ontologically defined by heterosexuality and procreation.²¹ Because biological sex and reproduction are core features of human existence, sexual difference and the potential for reproductive union should never be altered or eliminated. If any functional reproductive organs are removed or destroyed due to dissatisfaction with sexual anatomy or a desire to change the appearance or functionality of sexual characteristics, this is seen as an affront to God and a rejection of creation. In cases where there is a naturally occurring mismatch between phenotype and genotype, genotype is to be prioritized as "a foundational element of embodiment" that serves as the "ground of sexuality" and the blueprint for appropriate behavior and identity.²²

Todd T.W. Daly, a Christian ethicist affiliated with both evangelical and Reformed churches, points out that the Christian concept of the *imago Dei*, which defines humans as male

¹⁹ Engelhardt, *The Foundations of Christian Bioethics*, 268-69.

²⁰ *Ibid.*, 272.

²¹ *Ibid.*, 272.

²² *Ibid.*, 271.

and female body-soul complexes, not only establishes the goodness of embodiment but also the goodness of given bodies as they relate to the *true* identities of the people within them. He portrays human beings as “embodied souls and ensouled bodies,” and warns that the body cannot simply be objectified and discarded like a shell or accessory that humans have unfettered dominion over.²³ In Christian anthropology, the body is linked to the soul, forming one true identity in its entirety. Spirit and the inner experience of self cannot be detached from or gnostically prioritized over the external, material form of reality and existence. Although, by this same logic, the physical should not be privileged at the expense of the immaterial, internal sense of identity, Daly believes that biological sex should always be granted epistemological priority as a result of creation accounts and teleology of the body. Viewing historical and social problems through the lens of Creation, the Fall, and Redemption narratives, with special emphasis on the role of sin, he notes that we should not be surprised at the presence of “‘fallen’ attitudes towards our bodies,” and believes this to be linked to sin entering “the world through an act of will.”²⁴

Staying true to the Reformed ethical framework, Daly acknowledges the existence of different worldviews and opinions on the morality of GRS. In his article, “Gender Dysphoria and the Ethics of Transsexual (i.e., Gender Reassignment) Surgery,” he considers the positions and arguments of two Anglican ethicists from the Church of England, Oliver O’Donovan and Robert Song. O’Donovan, discussing two primary attitudes underlying support for GRS, acknowledges the severity of gender dysphoria but cannot condone sex-change operations as moral. He censures the *psychological justification*’s attempt to resolve inconsistencies between the mind’s sense of gender and the body’s presentation as a ‘failure to recognize ‘the body as self and... the self as obligated to the body’s form.’”²⁵ He critiques the *social justification*’s case management approach as supporting the creation of new bodies as false pretenses that the rest of the world is then politically obligated to reinforce and bear the burden of.

Robert Song, utilizing a methodology similar to that of the Catholic Church, with casuistry and the writings of Thomas Aquinas, makes a case for the surgical modification of body parts under the Principle of Totality. He reasons that Aquinas’ allowance of the destruction of diseased body parts for the treatment of chronic pain and health of the overall body, combined with historical Jesuit support of lobotomies as treatment for severe psychiatric conditions such as schizophrenia and OCD, could justify the amputation of otherwise healthy limbs from patients suffering from BIID (Body Integrity Identity Disorder). Like those battling gender dysphoria, individuals diagnosed with severe cases of BIID are unresponsive to psychiatric treatment and desperate to resolve debilitating discrepancies between the internal sense of self and innate form.²⁶ Song explains that because scientists cannot identify the diseased part of the brain, physicians cannot attempt to remove or treat the problematic portion; thus, the only option may be to remove the healthy but problematic appendages that have caused the body to engage in a war against itself that jeopardizes the overall welfare of the patient.

Daly considers Song’s BIID argument and its possible application to the issue of GRS, but ultimately decides that the two are incompatible. The removal of healthy legs and healthy

²³ Todd T.W. Daly, “Gender Dysphoria and the Ethics of Transsexual (i.e., Gender Reassignment) Surgery,” *Ethics & Medicine: An International Journal of Bioethics* 32, no. 1 (2016): 40-41.

²⁴ *Ibid.*, 43.

²⁵ *Ibid.*, 42.

²⁶ *Ibid.*, 43-46. In extreme cases, BIID patients resort to amputating their own appendages via dry ice, chain saws, train tracks, and bone-crushing machinery. For these reasons, they are seen as in dire need of medical intervention.

genitals both constitute acts of mutilation that have been proven to significantly decrease feelings of dysphoria and depression and improve social and physical functionality; yet, in Daly's view, the person who loses their legs still remains themselves at the most basic and deep-seated level. In contrast, when a person modifies their reproductive organs and attempts to change their sexual nature, Daly believes they are tampering with the transcendent core identity that was created by God and verified by scripture. They also place added pressure on their religious communities, who are torn between the Christian responsibility to support those in need and a commitment to stay truthful to religious beliefs about heterosexual marriage and human sexuality. He recommends that Christians take seriously the worldviews of those suffering from gender dysphoria and the medical experts who report on the condition, but that they also recognize the validity and importance of their own religious interpretations and potential contributions to the diagnosis and treatment of disease. Echoing Robert Song and even Engelhardt with his focus on worship and participation in the Church, Daly suggests that we focus on liturgical practices that enable us to honor and accept the brokenness of Christ's body as an opportunity for transformation, which might in turn help us approach our own physical brokenness in new and hopeful ways.

The National Catholic Bioethics Center (NCBC), while not using the same language of brokenness to describe the gender dysphoria diagnosis, is adamant in its position that transgender individuals are mistaken in their beliefs about possessing contradictory sexual identities and bodies. Citing science, reason, Christian anthropology, and Church doctrine as sources that prove the truth of human identity, as it is clearly defined in nature, revelation, and tradition, the NCBC warns against the "gender ideology movement" and its sinful propagation of falsehoods.²⁷ The Catholic Church's anthropological position is that the human being is a body-soul unity, where the innate sexual identity of the embodied spirit is reflected in biology and the physiologically/anatomically manifested form. As such, no amount of hormone therapy, genital mutilation, or behavioral modification will erase or change the God-given identity revealed in the original male or female body that a person is born with.

The NCBC presents gender transitioning as a morally harmful, irreversible decision that prevents transgender individuals from procuring the good life. It warns that the illusion of choosing a gender inhibits proper development, understanding, and acceptance of the soul-body's "true value" as a reflection of the divine.²⁸ The decision to act against the telos that God designed and instilled in humanity prevents human flourishing, which according to natural law theory can only be achieved by adhering to created nature and embracing true purpose. To "transition" from one gender to another is thus to act in direct opposition to one's own fulfillment, while at the same time choosing sin or deception over the truth and goodness of what God has made.

Because the Church sees gender dichotomy, heterosexuality, and body-soul unity as objective truths, available to non-Christians through science and reason, it speaks as an authority for the whole of society. Further, it views itself as responsible for pushing back against political ideologies, medical associations, and any legislation that would compromise or misrepresent the universal truth of identity and embodiment. Such a position is demonstrated by the NCBC in its advice to health care providers, educators, and youth pastors, wherein it instructs them to reject

²⁷ The National Catholic Bioethics Center, "Brief Statement on Transgenderism," *The National Catholic Bioethics Quarterly* (Winter 2016): 599.

²⁸ *Ibid.*, 601.

gender transitioning in any form (visual, hormonal, and surgical), avoid providing assistance or support to those undergoing or considering transition, and disregard the preferred pronouns requested by individuals when those pronouns do not align with biological sex.²⁹ It reminds readers that while Catholics have a responsibility to offer pastoral care and accompaniment to individuals enduring gender dysphoria, this care should consist of suggestions for how a non-transitioned person might continue to participate in the life of the Church, not support for the individual's conviction that they're in the wrong body and can change it. It also tells Catholics that they have a responsibility to promote moral truth and excellency, and should therefore refuse any "immoral government mandate" that stands in the way of doing so.³⁰

The Catholic Church's commitment to protecting the dignity of all persons, especially of the vulnerable and young, means that it takes the suffering of gender dysphoric children seriously. Members of the Pontifical Academy for Life, such as Laura Palazzani, who also serves as the vice president of the National Bioethics Committee in Italy, are now considering the possibility of approving the temporary use of a puberty blocking drug that essentially buys time for adolescents who demonstrate a severe risk of self-mutilation or suicide as a result of their condition. Catholic bioethicists in support of the case by case usage of *triptorelin* (Trp), an antitumor drug that has the side effect of suspending puberty, recommend that parents work together with multi-specialist teams, including endocrinologists, developmental psychiatrists, psychologists, and ethicists, to carefully consider the life, dignity, mental, and physical health of the child being treated.³¹ The hope is that by providing an extended window of pre-pubescence, additional treatment, accompaniment, and spiritual discernment can be offered to prevent the child from attempting irreversible self-harm, as well as prepare them for eventual puberty with gender dysphoria.

Providing Better Care and Thicker Understandings for Those with Gender Dysphoria

One thing that bioethical principlism shares in common with many of the Christian religions, including Protestantism, Catholicism, and the Reformed traditions, is a commitment to personal autonomy and individual conscience. Although the theological concept of conscience is not thrown around as frequently in irreligious bioethics circles, the notion that the patient has the right to subscribe to the moral system of their choice and be guided by their own beliefs and desires when it comes to their medical procedures is built into the freedom that bioethical autonomy protects. In American culture, where consumeristic tendencies and religious pluralism have all but forced bio-medicine into the "customer is always right" mindset, medical providers are now trained to operate on autopilot, referring to procedural guidelines and pragmatic principles that bypass a need to challenge or discuss the patient's concept of a good life.³² Heather Widdows and Stephen Lammers have both argued that this puts patients and physicians at a disadvantage, because patients who hail from religious traditions do not receive holistic care that tends to their spiritual and existential concerns, and physicians with religious convictions are

²⁹ Ibid., 602.

³⁰ Ibid., 603.

³¹ Giada Aquilino, "Triptorelin: Palazzani, administration with caution and evaluation on a case by case basis," *Vatican News*, March 07, 2019, <https://www.vaticannews.va/it/mondo/news/2019-03/triptorelina-palazzani-prudenza-valutazione-caso-per-caso.html>.

³² For additional information on the impact of consumerism and irreligious bioethics on the academy, clinic, and public policy arena, see Stephen E. Lammers, "The Marginalization of Religious Voices in Bioethics," in *Religion & Medical Ethics: Looking Back, Looking Forward*, ed. Allen Verhey (William B. Eerdmans, 1996).

forced to filter their beliefs through a religiously neutral framework that strips them of the context and worldview that give those beliefs meaning.

When reviewing the current medical procedures for identifying and treating gender dysphoria, the lack of religious voices is glaringly obvious. Diagnosis in children begins as early as 2-4 years old and involves observing the insistence that one is a different gender, role-playing opposite genders in make-believe games, and a preference for opposite gender toys, playmates, and clothing. In adolescents and adults it involves expressed desire to change primary and/or secondary sex characteristics, exist as the opposite gender, and be treated as the opposite gender. Treatment for children and adults generally begins with medical counseling and psychotherapy. Once clinically diagnosed, if therapy proves ineffective and dysphoria persists, hormone therapy and/or puberty suppression begins and preparations for future gender reassignment surgery are made.³³ The goal, as Engelhardt explains in his social case for GRS, is to manage the psychological tension of the patient by realigning the physical body to better match the gender that is felt inside.

It is important to note that not all people experience gender dysphoria the same way, to the same degree, or for the same length of time. Likewise, not all transgender individuals desire sex-change operations. One of the problems resulting from modern medicine's tendency to essentialize the experience of disorders, is that patients begin to conflate treatment with identity, viewing transition as the only hope of salvation.³⁴ In a 2018 article appearing in *The Atlantic*, chronicling the decision of several gender dysmorphic youths to either transition, not transition, or de-transition, this exact problem is addressed. Claire, a 14 year old girl who began to struggle with anxiety, depression, and the sense that her body didn't fit who she believed herself to be, researched gender dysphoria and transitioning. Inspired by medical confirmation of her symptoms and the success stories of other young adults across YouTube, Instagram, and the internet, who had transitioned and were now happy, she was convinced that the answer to her problems lie in hormone therapy and a double mastectomy. Her parents gave her space to reflect and were supportive, but they forced her to wait it out several months, get involved in more activities, and journal regularly. Eventually Claire realized that her biological sex wasn't the problem and that it was actually her narrowly constructed view of what the female gender should look, act, and feel like that was making her feel wrong as a woman.³⁵

If Claire had been part of a Christian denomination and reached out for spiritual counseling either on her own or at her parents' request, it is unlikely that she would have received any positive affirmation about the way she was feeling. She may have even become defensive or further ashamed and disgusted with herself due to the faith's negative stance on the gender ideology movement and its moral opposition to transitioning. LGBTQ individuals have a long history of suffering abuse and condemnation at the hands of Christians who hurt in the name of love, leading to great distrust and animosity between the two groups.³⁶ This, coupled

³³ American Psychiatric Association, "What Is Gender Dysphoria?" *Psychiatry.org*, accessed May 5, 2019, <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>.

³⁴ Daly, "Gender Dysphoria and the Ethics of Transsexual (i.e., Gender Reassignment) Surgery," 45; Jesse Singal, "When Children Say They're Trans," *The Atlantic* (July/August, 2018), <https://www.theatlantic.com/magazine/archive/2018/07/when-a-child-says-shes-trans/561749/>.

³⁵ Singal, "When Children Say They're Trans."

³⁶ As of 2019, the use of conversion therapy on minors is still legal in 34 states in the U.S. For additional information, see Movement Advancement Project, "Conversion Therapy Laws," *LGBTMAP.org*, accessed May 1, 2019, http://www.lgbtmap.org/equality-maps/conversion_therapy.

with the United States' separation of religion from secular medicine and treatment plans, forces us to question, *what could a Christian approach to bioethics possibly offer transgender individuals in terms of treatment and care?*

By narrowing our focus to transgender youth ranging from 13-17 years old, of which the UCLA School of Law now totals at over 150,000, we gain access to a window where young adults are still highly impressionable and open to identity exploration. The majority of the information they are receiving from professionals and support organizations validate their feelings and perceived genders but fail to celebrate the value or goodness of the body, especially in its mismatched state. In order to respect the "complexity, and fluidity, of gender-identity development in young people," many medical professionals are now practicing an affirmative care approach, which "does not privilege any one outcome when it comes to gender identity, but instead aims to allow exploration of gender without judgment and with a clear understanding of the risks, benefits, and alternatives to any choice along the way."³⁷ What if Christian and other religious understandings of embodiment, identity, and the goodness of creation were part of the exploration that is recommended or offered by medical professionals?

From the Reformed traditions, we learn that all humans have a created value, and that in their physical form, with various skillsets and spiritual inclinations, they're called to spread peace, love, and justice throughout the world. If this work can be done in any vocation, it could seemingly be done in any body, including a transgender one – with or without surgery. What if we were to heal the divide between the dualistic notion of gender identity vs. biological sex, accepting the mismatch of the inner and outer reflection of self as one more manifestation of intentional and divinely created identity? In many religious traditions, found among Native Americans, Indians, Polynesians, and Africans, there exist third gender persons who represent both ambiguity and harmony between the masculine and the feminine, and who are highly regarded for their spiritual gifts and the ritual roles that they play in society. Within the Catholic faith, there is also a belief that people possess charisms, or special gifts that they receive from the Holy Spirit so that they might do good in the world on behalf of the Church. It would behoove us to contemplate how we can celebrate the unique nature of the transgender individual, as a good creation that showcases the diversity, creativity, and abundance of life.

Many Christians see the current state of the world, with all of its conflict, confusion, and turmoil, as resulting from the Fall. Conservatives, like Engelhardt, see gender ambiguity as one more manifestation of the sin that now plagues humanity. Within the Catholic Church, however, there is also a strong notion of social sin and a belief that the institutions we've built and the policies we live by have been tainted by sin and now serve to work against us, making life difficult for the most vulnerable and weak in society. What if we were to explain to transgender youth that the bodies they live in are not wrong or sinful, but that the harsh attitudes and negative behavior of the people around them are what's sinful? Within Hinduism there is a belief that we are currently living in the last and most fallen age, and that the universe will soon be destroyed and born anew. In this *Kali Yuga*, homosexuality is not seen as a sign of the end times. Rather, "the persecution and mistreatment of third-gender people is... a sign of this age of quarrel and hypocrisy. Intolerant persons filled with hate and contempt for gay and lesbian people are... true representatives of *Kali Yuga*."³⁸

³⁷ Singal, "When Children Say They're Trans."

³⁸ Amara Das Wilhelm, *Tritiya-Prakriti: People of the Third Sex: Understanding Homosexuality, Transgender Identity, and Intersex Conditions Through Hinduism (Abridged Version)* (USA: Amara Das Wilhelm, 2010), 92.

Today many feminist and queer Christian ethicists are questioning the notion that God only created two genders and that man and woman are meant to procreate in all circumstances. They are also questioning the nature of fulfillment and the definition of “fruitful,” as it was used in Genesis 1:27-28. Margaret Farley, in *Just Love: A Framework for Christian Sexual Ethics*, refuses to define categories of gender and sexual orientation. Instead, she argues for a focus on appropriately loving who is loved and pursuing that love justly in order to protect, respect, and uphold the concrete reality and personhood of both the lover and the beloved.³⁹ She argues that there is a great truth and dignity associated with mutuality, reciprocity, and loving relationship, and that when we categorize others in such a way as to deny them the chance to experience this truth and dignity, we fail as Christians to uphold the very notion of embodiment that we revere. A common goal for both Christians and medical providers moving forward, should be showing transgender youth how they can not only love themselves in their embodied, soul-body complex forms, but also how they can take that sense of dignity and value, to make a place for themselves in the world where they can help others feel the same sense of love and purpose in life.

Concluding Remarks

In this work, I have demonstrated how different ethical evaluations of gender reassignment surgery present within Christian traditions might begin to inform and assist a larger bioethical discourse aimed at improving and enriching the life experience and medical journeys of transgender individuals. Despite the theological objections that many Christian authors articulate against sex-change operations and gender transitioning, the theological grounds from which they construct their arguments serve as a rich resource for medical providers and transgender patients seeking a thicker understanding of gendered identity and embodiment. I have barely scratched the surface of the many ways in which Christian perspectives might contribute to better care for those suffering from gender dysphoria. I have, however, illustrated some small portion of the vast range of opinions related to gender, sexuality, and transgenderism that result from the plurality of approaches to ethics within the Christian faith. As Christian sexual ethics and interpretations of embodiment continue to evolve and unfold in a post-modern, post-colonial, and diverse Christian landscape, innovative perspectives that move beyond limited definitions of gender rooted in procreation may help us to recast the *imperfect* as *perfect*, and discover anew the sanctity of transgender, multi-gendered, and gender-fluid bodies.

Although not all gender variant individuals pursue hormone therapy and/or gender reassignment surgery, there are increasing numbers of children and young adults identifying as transgender and seeking transition. Parents, policy makers, and medical staff are left unsure of how to proceed with allowing, stalling, and barring irreversible gender-changing procedures before puberty. If Christians and bioethicists are truly opposed to hormonal and body altering treatment for minors, it will benefit them to revisit their own theological conceptions of the value and inherent diversity that exists in created form. In consultation with other religious traditions, the burgeoning field of gender theory, and queer theologians, they may devise new and inclusive ways of speaking to transgender youth about learning to love and appreciate the integrated self, with mind, body, and spirit connected as one in a God-given form that is celebrated and honored for all of its complexity.

³⁹ Margaret A Farley, *Just Love: A Framework for Christian Sexual Ethics* (New York: Continuum, 2008).

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